



Bulletin No. 20  
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## Measles Vaccination and Immune Globulin Recommendations

Measles vaccination is *not recommended* for either the general adult population of Anchorage (or Alaska) or all parents of school children.

Whenever measles vaccination is indicated, it should be administered as combined measles-mumps-rubella (MMR) vaccine.

For MMR#1 and MMR#2 to be counted as valid, they must have been given on or after the person's first birthday and at least 28 days apart.

If measles vaccination is possibly indicated and there is uncertainty about the number of doses of vaccine that have been previously given, it is recommended that any uncertain doses not be counted – there is no added risk in giving more than two doses of measles vaccine.

When immune globulin (IG) is indicated, it must be administered within 6 days of the earliest exposure to be effective.

### 1. Who should receive MMR vaccine?

All children (who do not have a medical contraindication) routinely should receive MMR#1 at 12-15 months of age.

All children routinely should receive MMR#2 by the time of school entry. Children who are brought "early" for MMR#2 should be vaccinated, provided that MMR#1 and MMR#2 are separated by at least 28 days.

Children in grades K - 12 enrolled in any public or private school in Alaska are **required** to have documentation of two doses of measles vaccine. In Anchorage, students who do not have two doses of measles vaccine (or either serologic proof of immunity or a valid medical or religious exemption) by November 16, 1998 will be excluded from school. The cut-off date for the remainder of the state is January 4, 1999 – though schools may choose to impose an earlier deadline. If the outbreak spreads to younger children, the two-dose requirement may be expanded to include licensed pre-schools and child-care facilities.

Adults born after 1956 who work in **Anchorage** school facilities used by students are recommended to have documentation of two doses of MMR.

Health-care workers born in 1957 or later are recommended to have documentation of two doses of MMR.

Health-care workers born prior to 1957 are recommended to have documentation of one dose of MMR unless they have a history of measles.

MMR or IG may be recommended for persons who have direct exposure to a person with measles (see question #3).

### 2. Who should not receive MMR vaccine?

Adults born before January 1, 1957 do **not** need an MMR. The only exception is health-care workers.

Adults born after 1956 who work in a school district where no measles cases have been reported, i.e., outside of Anchorage, do not need MMR.

Pregnant women or women expecting to become pregnant within 3 months.

Persons with a medical contraindication to measles vaccine. The only valid medical contraindications are immunosuppression or a severe allergy to the vaccine.

### 3. What should be done for a person who had direct exposure to a measles case?

Directly exposed persons include those who live or spend time in a household where there is measles, attend a school or child-care facility where there is measles, have an identifiable contact with a measles case, or are identified as being exposed at a medical facility.

Exposed infants less than 6 months of age should be given IG if the infant is at extremely high risk for complications or if the child's mother either has measles or is likely to be susceptible to measles. The dose is 0.25 mL/kg, maximum 15 mL.

Exposed infants 6-12 months of age should be given MMR. IG should also be given if the infant was exposed 4-6 days previously, and there is either a high risk of complications of measles or the child's mother has measles or is likely to be susceptible to measles. The dose of IG is 0.25 mL/kg, maximum 15 mL. If MMR is given at 6-12 months of age, the dose needs to be repeated at 12-15 months and again prior to school entry. Any follow-up MMR must be delayed until at least 5 months after administration of IG.

Exposed persons over 12 months of age are considered susceptible if they were born after 1956, do not have laboratory evidence of measles immunity, and do not have documentation of two doses of measles vaccine. Exposed susceptible persons should receive MMR; if needed, a second dose should be given 28 days or more after the first dose.

Exposed pregnant women born after 1956 who have less than two doses of MMR should be given IG. The dosage is 0.25 mL/kg, maximum 15 mL.

Exposed immunosuppressed persons should be given IG. The dosage is 0.50 mL/kg, maximum 15 mL.

NO SHOTS, NO SCHOOL. ♥ NO SHOTS, NO SCHOOL. ♥ NO SHOTS, NO SCHOOL.